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Zapatista Oventic Language School (CELMRAZ)

NAME:
ADDRESS:
CITY, STATE, ZIP:
TELEPHONE:
EMAIL:
PASSPORT NUMBER:
COUNTRY:
WHAT LANGUAGE WOULD YOU LIKE TO STUDY, SPANISH OR TZOTZIL?
CLASSES AT THE OVENTIC LANGUAGE SCHOOL BEGIN EVERY MONDAY, AND YOU CAN REGISTER FOR ONE OR MORE WEEKS.
1. WHAT DATES WOULD YOU LIKE TO ATTEND CLASSES? (Please do not submit an application without firm dates. Applications that do not have dates or have a date that is not at least two weeks from today's date will not be processed.)
2. PLEASE PROVIDE THE NAME OF A LOCAL SOLIDARITY OR OTHER POLITICAL GROUP TO WHICH YOU BELONG, A CONTACT PERSON AND THEIR PHONE NUMBER AND EMAIL ADDRESS.
Organization:
Contact Person:
Phone No.:
E Mail:





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3. PLEASE DESCRIBE THE ORGANIZATION AND WHAT WORK YOU DID WITH THIS ORGANIZATION.
4. HOW MANY YEARS HAVE YOU BEEN ACTIVE WITH THIS GROUP?
5. PLEASE DESCRIBE YOUR CURRENT OCCUPATION.
6. DO YOU CONSIDER YOURSELF AN ANTI-CAPITALIST? EXPLAIN WHY OR WHY NOT.
7. WHAT IS YOUR UNDERSTANDING OF THE ZAPATISTA MOVEMENT?
8. IF YOU HAVE NOT ALREADY DONE SO, PLEASE READ THE SIXTH DECLARATION OF THE SELVA LACONDONA (http://www.zcommunications.org/sixth-declaration-of-the-selva-lacandona-by-subcomandante-marcos) PLEASE PROVIDE A BRIEF REFLECTION ON THE FOLLOWING PAGE.





